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CONFIRMATION NO. 9157

| SERIAL NUMBER | FILING or 371(c) DATE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET NO. | |
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| 10/723,228 | 11/26/2003 | 705 | 4143 | 17275 | |
| RULE | | | | | |
| APPLICANTS Hiroko Ohishi, Tokyo, JAPAN; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS ***** JAPAN 2002-345814 11/28/2002 ** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 02/25/2004 | | | | | |
| Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and /RA/JIV J RA/J/ Acknowledged Examiner's Signature | <input checked="" type="checkbox"/> Met after Allowance R/JR Initials | STATE OR COUNTRY JAPAN | SHEETS DRAWINGS 10 | TOTAL CLAIMS 18 | INDEPENDENT CLAIMS 5 |
| ADDRESS SCULLY SCOTT MURPHY & PRESSER, PC 400 GARDEN CITY PLAZA SUITE 300 GARDEN CITY, NY 11530 UNITED STATES | | | | | |
| TITLE Medical service assisting system, medical service assisting method, and program thereof | | | | | |
| FILING FEE RECEIVED 942 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |